

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000564

1. Entity Name
SOUTHERN CHIROPRACTIC ASSOCIATION, INC.



Principal Place of Business

**8181 W. BROWARD BLVD.
SUITE 350
FT. LAUDERDALE, FL 33324**

Mailing Address

**10946 PEMBROKE RD
HOLLYWOOD, FL 33025**



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0686590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAMICO, TOM DR
8854 STATE RD 84
DAVIE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HEDGLON, PAULA DR
STREET ADDRESS 1313 E. SAMPLE RD
CITY - ST - ZIP POMPANO BEACH, FL 33064

TITLE TD
NAME DAMICO, TOM DR
STREET ADDRESS 8854 STATE RD 84
CITY - ST - ZIP DAVIE, FL 33324

TITLE SD
NAME ABECKJERR, DANIEL DR
STREET ADDRESS 177 NE 167TH ST
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33162

TITLE P
NAME SHOEMAKER, JOEL M
STREET ADDRESS 10946 PEMBROKE RD
CITY - ST - ZIP MIRAMAR, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000128111
04/26/04-80023-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #